

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033190
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 548

Registrar's No. 2468

FILED SEP 4 1962

I. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
Webster Groves, Missouri

Length of stay in 1b
11 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
14 Tulip Drive

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**

c. CITY OR TOWN
Webster Groves

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
14 Tulip Drive

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Lloyd

Coffman

Kirk, Sr.

4. DATE OF DEATH

Month

Day

Year

August 23,

1962

5. SEX
M

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12-23-1890

9. AGE (last birthday)
71

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Insurance Broker

10b. KIND OF BUSINESS OR INDUSTRY
L. C. Kirk Insurance Commerce, Mo.

11. BIRTHPLACE (City and state or country)
U.S.A.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Henry Albert Kirk

13b. MOTHER'S MAIDEN NAME

Alma DeWint

14. NAME OF HUSBAND OR WIFE

Florence Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)
no

16. SOCIAL SECURITY NO.
5

17. INFORMANT

Address

Mrs. Florence Kirk 14 Tulip Drive

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Carcinoma of Primary Carcinoma of Pancreas

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **July 1961** to **Present** and last saw her alive on **22 Aug 62**
Death occurred at **6:40 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Volus Byrne, M.D.

4660 Maryland 24 Aug 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial

8-27-62

Oak Grove Cemetery

St. Louis County

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

HOFFMEISTER COLONIAL MORTUARY

SAM

8-24-62

John B. Murphy, M.D.

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 **4007**
2 **4007**
3 **2**
4 **0**
5 **1**
6
7 **0**
8 **2**
9 **157X**
10
11
12 **90-0**
13

Dr. John E. Byrne
4660 Maryland
PO. 1-6349

1:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bice & Branson

Licensed Embalmer No. 4764

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.